

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number 12078-201

First Named Inventor Allen M. Jones

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

System and Method For Detecting Hazardous Materials Using Agitation

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.


[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

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Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Allen M.		Family Name or Surname Jones	
Inventor's Signature 			Date Aug 21, 03
Residence: City Manassas Kensington	State MD	Country US	Citizenship US
Mailing Address 11135 Dewey Road			
City Kensington	State MD	ZIP 20895	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Clifford A.		Family Name or Surname Megene	
Inventor's Signature			Date
Residence: City Thousand Oaks	State CA	Country US	Citizenship US
Mailing Address c/o Perkins, Smith & Cohen, LLP; One Beacon St., 30th Floor			
City Boston	State MA	ZIP 02108	Country US
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])
Allen M.Family Name
or Surname
JonesInventor's
Signature

Date

Residence: City

State

Country

Citizenship

Kensington

MD

US

US

Mailing Address
11135 Dewey Road

City

State

ZIP

Country

Kensington

MD

20895

US

NAME OF SECOND INVENTOR:☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])
Clifford A.Family Name
or Surname
MeghnikInventor's
SignatureDate
8/20/03

Residence: City

State

Country

Citizenship

Thousand Oaks

CA

US

US

Mailing Address
c/o Perkins, Smith & Cohen, LLP; One Beacon St., 30th Floor

City

State

ZIP

Country

Boston

MA

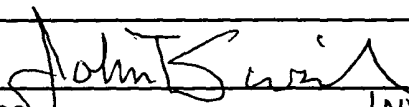
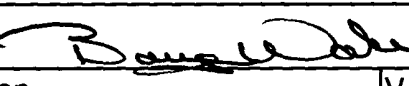
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DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
John T. Given Name		Swider Family Name or Surname	
Inventor's Signature 		Date 8/25/03	
Port Crane Residence: City	NY State	US Country	US Citizenship
990 Ballyhack Road Mailing Address			
Mailing Address			
Port Crane City	NY State	13833 ZIP	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Barry Given Name		Wake Family Name or Surname	
Inventor's Signature 		Date 08/21/2003	
Remington Residence: City	VA State	US Country	US Citizenship
12274 Piney Lane Mailing Address			
Mailing Address			
Remington City	VA State	22734-9600 ZIP	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Allen M. Jones
Group Art Unit	
Examiner Name	
Attorney Docket Number	12078-201

I hereby appoint:

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26486

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☒ Practitioner(s) named below:

Name	Registration Number
Leland D. Schultz	30,322

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☐ Firm or
Individual Name

Perkins, Smith & Cohen, LLP

Address Harvey Kaye

Address One Beacon Street

City Boston

State MA

Zip 02108

Country U.S.

Telephone (617) 854-4000

Fax (617) 854-4040

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Allen M. Jones

Signature 

Date August 24, 03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

Name Clifford A. Megerle

Signature

Date

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SIGNATURE of Applicant or Assignee of Record

Name John T. Swider

Signature

Date

8/25/03

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SIGNATURE of Applicant or Assignee of Record

Name Barry Wake

Signature 

Date 08/21/2003

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